DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: PINE VIEW (0010213)

Address: 727 E SIXTH STREET, NEW RICHMOND, WI 54017

License Status: REGULAR

Licensed/Certified/Registered 09/16/2003

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

			Survey History
Survey ID: 0096164	End Date: 12/20/2005	Type: STANDARD	Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0092455	End Date: 04/01/2004	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0091007	End Date: 09/16/2003	Type: INITIAL	Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED			

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Complaint History

Date Complaint Received: 02/16/2004 Date Investigation Completed: 04/01/2004

Subject Area(s) Result SOD #

ADMINISTRATION NOT SUBSTANTIATED